M	ISSOUKL	-417.	D DEC 2 6 1962	<u>-62-047</u>	7244
DO NOT WRITE ON THIS STUB	AMENDED	<b>I</b>	Registration District No. 141 Primary Registration District No. 102 Registrar's No. 6231	STATE FILE NU	MBER
VS 300 Rev. 4/59	e	_  	1. PLACE OF CEATH  a. COUNTY  a. STATE  b. COUNTY  a. STATE		admission)
1	AMENDED	_	b. CITY (If Urside corporate limits, give TOWNSHIP only) OR TOWN  c. FULL NAME OF JANOT in hespital and applied to the property of the propert	a, give location)	Inside Limits Yes ∰ No □ Reside on Farm
27/109	DATE	<b>.</b>	INSTITUTION 2700 TRACY YES NO 1 4456 Notural	Bridge	Yes 🗆 No 🔀
3			3. NAME OF DECEASED Prirst Middle VICTOR TRACY OF DEATH	Month Day 12 5	Y *** *** **** ***********************
5 3			5. SEX 6. COLOR OR RACE Widowed Divorced 2-7-93 69	y) IF UNDER 1 YEAR Months Days	Hours Min.
6			10a. PULL OCCUPATION (Five kind of work done 10b. KIND OF BISINESS OR INDUSTRY 11 BIRTHPLACE (CIO and state or country pulling most collected)	wi U.	WHAT COUNTRY
7 0			136. FATHER'S NAME  136. MOTHER'S MAIDENHARDING.  14. MANE O	Down	,)
8 2 3 9+20.1			YON DR.KICHARD Clash:4456	Natural Tie	NDGE.
10		DOCUMENT	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   ACUTE My apardial Latertion	Saint Louis	SEL AND BEATH
11 (20)		DOC	Conditions, if any, DUE TO (b) Generalized Arterioselerosis		`
12 <i>86-0</i>	1 1 1 1	$\frac{1}{2}$	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
	1 1 1 1	CATION	disease condition given in PART 1 (a)	RT III. If deceased there a pregnar	was female was ncy in last 90 days N.: Unknown
ZO		CERTIFIC		<u> </u>	
		MEDICAL		1	
BLACK INK OR RITER RIBBON		en,	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   farm, factory, street, office bldg., etc.)	COUNTY	STATE
USE BLAC OR YPEWRITER	READ		21. I attended the deceased from Ten 1961 to Pec 5 1962 and last saw her him elive on.	-	ري.
USE	SHOULD	OF A	Death occurred at m on the date stated above, and to the best of my k  22e. SIGNATURE 25 title 22b. ADDRESS	nowledge, from the ca	auses stated. 22c. DATE SIGNED
u 4¥		15	Janis a allen M.D. 5817 W.79 St	Mission, Kansas	Dec7, 62
	ON O	AFFIDA O	20. BURIAL, CREVATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY  12-13-62  13-62	SIGNATURE	Zansas)
	ITEM	2	FUNERAL OPRECTOR  ADDRESS  25. DATE RECOLOTION 20 REGISTRAR'S  CILOTO TUMENCAL FORMER (2) X.C. 31, mg. 12 - 8-62	th Lo	ng
1	•		(Licensed Embalmer's Statement on Reverse Side)		0

## STATEMENT BY LICENSED EMBALMER

<del></del>			Signed Si		
orking unde	er my personal s	upervision.			
udent	Signature of	Student Embalmer			
t		<b>↑</b>	Licensed Embalmer No.		
	•	- <u>-</u>	P. O. Address Trinke My		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. ; If this body is not embalmed, fact should be so stated above.